MAXIMUS Federal Services

Case Number:	CM15-0193189		
Date Assigned:	10/07/2015	Date of Injury:	06/15/2000
Decision Date:	11/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old male who sustained an industrial injury on 6-15-00. The injured worker reported pain in the lower back with weakness in the bilateral lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for intractable pain and progressive weakness of bilateral lower extremities. Medical records dated 8-14-15 indicate severe and intractable lower back pain. Treatment has included electrodiagnostic testing (9-11-15), status post lumbar fusion, home exercise program, Fentanyl since at least April of 2015, Neurontin, Topamax, Morphine since at least April of 2015, Valium since at least April of 2015, Trazodone since at least April of 2015 and computed tomography. Objective findings dated 8-14-15 were notable for decreased range of motion, lumbar spine with myofascial trigger points, decreased sensation to fine touch and pinprick in calf area bilaterally, ankle jerks absent bilaterally. The original utilization review (9-30-15) denied a request for Retrospective compound medication; Lidocaine HCL powder 33% and Gabapentin powder 66% cream (DOS: 08-25-2015).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective compound medication; Lidocaine HCL powder 33%, Gabapentin powder 66% cream (DOS: 08/25/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine (Recommended after Failure of 1st Line) ODG also states that topical lidocaine is appropriate in usage as a patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Medical documents do not document the patient as having post-herpetic neuralgia. Gabapentin/Pregabalin (Not Recommended) MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." This request contains a medication which is not recommended. As such, the request for Retrospective compound medication, Lidocaine HCL powder 33%, Gabapentin powder 66% cream is not medically necessary.